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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

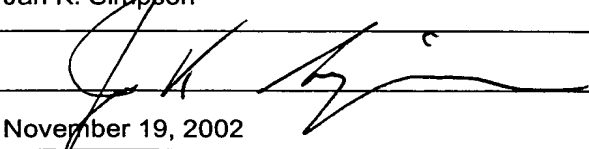
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	10/070,526
		Filing Date	March 6, 2002
		First Named Inventor	Jason Hodge
		Group Art Unit	N/A
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	33	Attorney Docket Number	HO-P02403US0

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)  <p style="text-align: center;">SEE ATTACHED SHEET</p>
<div style="border: 1px solid black; padding: 5px;">         Remarks           BOX PCT       </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	FULBRIGHT & JAWORSKI L.L.P. Jan K. Simpson
Signature	
Date	November 19, 2002

11/22/2002 09:00:00 10070515

11/22/2002

11/22/2002

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EU110401791US in an envelope addressed to:

Commissioner for Patents  
Washington, DC 20231

on November 19, 2002  
Date



Signature

Neva M. Dare

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Application Data Sheet

**CERTIFICATE UNDER 37 C.F.R. § 1.8(A)**

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Jan K. Simpson  
Registration No. 33,283

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- Transmittal
- Copy of Notification of Missing Requirements Under 35 USC 371
- Request for Extension of Time Under 37 CFR 1.136(a)
- Fee Transmittal (in duplicate) with Checks in the amount of \$1,440.00 and \$84.00
- Declaration for Utility or Design Application Using an Application Data Sheet
- Declaration executed by Keith D. C. Stoodley on behalf of Neil C. Stoodley
- Added Page to Declaration for Signature by Joint Inventor(s) on Behalf of Nonsigning Inventor(s) Who Refuse(s) to Sign or Cannot be Reached (37 CFR § 1.47(a))
- Added Page to Declaration for Signing by an Administrator.....(37 CFR § 1.42 and 1.43)
- Added Page to Combined Declaration and Power of Attorney for Signing by Administrator(trix), Executor(Trix) or Legal Representative on Behalf of Deceased or Incapacitated Inventor (37 CFR 1.42 and 1.43)
- Certified Copy of Grant for Keith D.C. Stoodley as Administrator for Neil C. Stoodley (deceased)
- Statement of Facts in Support of Filing on Behalf of Nonsigning Inventor (37 CFR § 1.47) consisting of a 3-page statement signed by Kristina V. J. Cornish with letter to Ms. Collins dated 8 October 2002; letter to Ms. Cornish dated 28 October 2002; and executed Authority dated 28 October 2002.

**Transmittal**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EU110401791US, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: November 19, 2002

Signature:  (Neva M. Dare)



## UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents, Box PCT  
United States Patent and Trademark Office  
Washington, D.C. 20231  
www.uspto.gov

U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
10/070,526	Jason Hodge	HO-P02403US0

INTERNATIONAL APPLICATION NO.
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PCT/AU00/01055

I.A. FILING DATE	PRIORITY DATE
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09/06/2000

09/06/1999

Jan K Simpson  
Fulbright & Jaworski  
1301 McKinney Suite 5100  
Houston, TX 77010-3095

CONFIRMATION NO. 7208

371 FORMALITIES LETTER



\*OC000000008137999\*

Date Mailed: 05/20/2002

### NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as an Elected Office (37 CFR 1.495):

- U.S. Basic National Fees
- Priority Document
- Copy of IPE Report
- Copy of references cited in ISR
- Copy of the International Application
- Copy of the International Search Report
- Preliminary Amendments

Received	
MAY 24 2002	
Docket:	P02403US0
Client:	MARS
Attorney:	JKS

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.

**ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTH FROM THE DATE OF THIS NOTICE OR BY 22 or 32 MONTHS (where 37 CFR 1.495 applies) FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.**

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Additionally the following defects have been observed:

- Additional claim fees of \$84 as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are

due.

## SUMMARY OF FEES DUE:

Total additional fees required for this application is **\$84** for a Large Entity:

- Total additional claim fee(s) for this application is **\$84**
  - **\$84** for 1 independent claims over 3.

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

BARBARA A CAMPBELL

Telephone: (703) 305-3631

## PART 1 - ATTORNEY/APPLICANT COPY

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/070,526	PCT/AU00/01055	HO-P02403US0

FORM PCT/DO/EO/905 (371 Formalities Notice)

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/070,526</td></tr> <tr><td>Filing Date</td><td>March 6, 2002</td></tr> <tr><td>First Named Inventor</td><td>Jason Hodge</td></tr> <tr><td>Examiner Name</td><td>Not Yet Assigned</td></tr> <tr><td>Group Art Unit</td><td>N/A</td></tr> <tr><td>Attorney Docket No.</td><td>HO-P02403US0</td></tr> </table>		Application Number	10/070,526	Filing Date	March 6, 2002	First Named Inventor	Jason Hodge	Examiner Name	Not Yet Assigned	Group Art Unit	N/A	Attorney Docket No.	HO-P02403US0
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Attorney Docket No.	HO-P02403US0														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>1,524.00</b>															

<p><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p> <input checked="" type="checkbox"/> Check              <input type="checkbox"/> Credit Card              <input type="checkbox"/> Money Order              <input type="checkbox"/> Other              <input type="checkbox"/> None         </p> <p><input type="checkbox"/> Deposit Account</p> <p>Deposit Account Number: <b>06-2375; Order No. P02403US0</b></p> <p>Deposit Account Name: <b>Fulbright &amp; Jaworski L.L.P.</b></p> <p>The Commissioner is hereby authorized to: (check all that apply)</p> <p> <input type="checkbox"/> Charge fee(s) indicated below              <input checked="" type="checkbox"/> Credit any overpayments         </p> <p> <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application         </p> <p> <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee         </p> <p>to the above-identified deposit account.</p>				<p><b>FEE CALCULATION</b> (continued)</p>																																																																																																																																																																																																																																															
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<p><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>-20** =</td> <td>0</td> <td>x</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>-3** =</td> <td>1</td> <td>x</td> <td>84.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$) <b>84.00</b></td> </tr> </tbody> </table> <p>**or number previously paid, if greater; For Reissues, see above</p>						Extra Claims	Fee from below	Fee Paid	Total Claims	-20** =	0	x	0.00	Independent Claims	-3** =	1	x	84.00	Multiple Dependent					<b>SUBTOTAL (2)</b>				(\$) <b>84.00</b>																																																																																																																																																																																																																							
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<p><b>SUBMITTED BY</b></p>		<p><b>Complete (if applicable)</b></p>	
Name (Print/Type)	Jan K. Simpson	Registration No. (Attorney/Agent)	33,283
Signature		Telephone	(713) 651-5383
		Date	November 19, 2002